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at a birth, a SEPARATE order of birth

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 168

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township San Carlos or Village _____

City _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nash Moses.

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 7/21/28. Month Day Year

8. FATHER Full name Alexander Moses

9. Residence (Usual place of abode) Bylas, If non-resident, give place and state. Ariz.

10. Color or race Apache 4/4 Indian 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Bylas, (State or country) Ariz.

13. Occupation Nature of industry common labor

14. MOTHER Full maiden name Mary Hadley

15. Residence (Usual place of abode) Bylas, If non-resident, give place and state. Ariz.

16. Color or race Apache 4/4 Indian 17. Age at last birthday 28 (Years)

18. Birthplace (city or state) Bylas, (State or country) Ariz.

19. Occupation Nature of industry housewife

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 9 p. m. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature C. H. Sawyer M.D. (Physician or midwife).

Given name added from a supplemental report _____ Address San Carlos, Ariz. Month, day, year _____

Registrar. Filed _____, 19. C. H. Sawyer Registrar.

542-721-488